## Supplemental Application Data Sheet

## **Application Information**

Not Yet Assigned Application number::

1 1 1 1

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Title:: THIN-FILM EPOXIDATION OF AN

UNSATURATED OIL OR ALKYL FATTY

**ACID ESTER** 

27702/39360 Attorney Docket Number::

Request for Early Publication?:: No

Request for Non-Publication?:: No

**Total Drawing Sheets::** 4

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

**Full Capacity** Status::

Given Name:: **James** 

Middle Name:: Α.

Family Name:: Nowak

City of Residence:: Naperville

State or Province of Residence:: IL

US Country of Residence::

Street of mailing address:: 10525 South Royal Porthcawl Drive

City of mailing address:: Naperville State or Province of mailing address:: IL

Postal or Zip Code of mailing address:: 60564

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: A.

Family Name:: Zillner

City of Residence:: Lake Bluff

State or Province of Residence:: IL

Country of Residence:: US

Street of mailing address:: 105 East Witchwood Lane

City of mailing address:: Lake Bluff

State or Province of mailing address:: IL

Postal or Zip Code of mailing address:: 60044

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Leslie

Middle Name:: Patrick

Family Name:: Mullin

Name Suffix::

City of Residence:: Elmhurst

State or Province of Residence:: IL

Country of Residence:: US

Street of mailing address:: 201 Schiller Street

City of mailing address:: Elmhurst

State or Province of mailing address:: IL

Postal or Zip Code of mailing address:: 60126

**Correspondence Information** 

Correspondence Customer Number:: 04743

Representative Information

Representative Customer Number:: 04743

**Assignee Information** 

Assignee name:: THE C.P. HALL COMPANY

Street of mailing address:: 311 South Wacker Drive

Suite 4700

City of mailing address:: Chicago

State or Province of mailing address:: IL

Postal or Zip Code of mailing address:: 60606-6622